

The Commonwealth of Massachusetts

Massachusetts Board of Registration in Nursing
239 Causeway Street
Boston, MA 02114

AUDIT FOR COMPLIANCE WITH THE REGULATIONS AT 244 CMR 4.00

Licensee's Name:	
License Number:	Expiration Date:
Date submitted for audit: _	Audit Conducted on:
Employment setting:	Physician's office Location: Institution Location: Private Practice Location:
* If Psychiatric Nurs	rs on the guidelines: YES NO nature appears on the guidelines: YES NO se Mental Health Clinical Specialist without prescriptive re of "qualified collaborating professional: Yes No
Supervising physician is B Supervising physician's cr	oard-Certified in:edentials has been verified: YES NO
Guidelines have been revi	ewed &approved by: Institutional/Agency Medical Staff Institutional/Agency Nursing Staff Board of Registration in Nursing
Scope of Practice is descr YES NOCor	
Circumstances in which pl YES NO Com	nysician consultation or referral is described: nments:

Managing emergency situations is described: YES NO Comments:
The process to review prescriptions or medication orders by the Supervising Physician at least every three months is described: YES NO Comments:
The process to review the initial prescription of Schedule II drug within 96 hours is described: YES NO Comments:
The results of this audit demonstrate that the guidelines are <u>in compliance</u> with the regulations at 244 CMR 4.00, and are hereby approved:
The results of this audit demonstrate that the guidelines <u>are not in compliance</u> with the regulations at 244 CMR 4.00, and approval is hereby denied:
Recommendations:
Approval of these guidelines is issued on and will expire in two (2) years from the date of this notice.
R. Gino Chisari, MSN, RN Nursing Practice Coordinator Massachusetts Board of Registration in Nursing
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